

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Under the "Agreement" Requirement of 37 CFR 1.55(b), no persons are required to respond to a completion of information statement if the statement is a valid, written confirmation of the information provided.			
Substitute for form 1449/PTO			
<h1>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</h1> <p><i>(Use as many sheets as necessary)</i></p>			
Application Number		10/578,759-Conf. #1441	
Filing Date		May 5, 2006	
First Named Inventor		Ralf Esser	
Art Unit		3711	
Examiner Name		R. W. Chiu	
Attorney Docket Number		22407-00040-US	
Sheet	1	of	2

[illegible][illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPPE 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPPE 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language translation is attached.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Substitute for form 1449/PTO				Complete if Known Application Number 10/578,759-Conf. #1441 Filing Date May 5, 2006 First Named Inventor Ralf Esser Art Unit 3711 Examiner Name R. W. Chiu Attorney Docket Number 22407-00040-US	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>					
Sheet	2	of	2		

[illegible]

Examiner Signature		Date Considered	
-----------------------	--	--------------------	--

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.